DEPARTMENT OF TRANSPORTATION

111 GRAND AVENUE P. O. BOX 23660 OAKLAND, CA 94623-0660 PHONE (510) 622-8803 FAX (510) 622-0198 TTY (800) 735-2929



October 26, 2006

Dear Potential Mentor or Protégé Firm:

As an advocate of small business participation, I am very pleased to announce that District 4 is launching a small business Architectural & Engineering (A&E) mentor-protégé program (Calmentor). In continuing our partnerships with the private consulting industry, Calmentor promotes the participation of certified Small Business Enterprise (SBE), Disadvantaged Business Enterprise (DBE), and Disabled Veterans Business Enterprise (DVBE) firms in District 4 A&E contracts. Calmentor is consistent with the recent Governor's Executive Order No. S-11-06 to encourage new businesses, grow existing businesses, and promote small and emerging businesses contracting with the State.

For the mutual success of all participants in Calmentor, I encourage you to join an exceptional group of firms who are seeking A&E contracts with Caltrans or other public agencies. Please complete the attached application form to let us know of your interest in participating in the program. Your participation may open up new opportunities to network and partner with firms that need your expertise, and District 4 will help facilitate this partnership through Calmentor.

Should you have further questions, you may reach our contact person, Romy Fuentes at (510) 622-8803 or at romy_f_fuentes@dot.ca.gov. Please submit the completed application form on or before December 15, 2006 to:

Mr. Romy F. Fuentes, Contract Manager District 4 Consultant Services Unit 111 Grand Avenue, MS 7-B P.O Box 23660 Oakland, CA 94623-0660

I hope you will join us in supporting the small business A&E mentor-protégé program.

Sincerely,

BIJAN SARTIPI District Director

Attachments

"Caltrans improves mobility across California"



California Department of Transportation District 4 Application for Mentor-Protégé Program

(for Potential Protégé only)

Busine	ess Nam	ne:					
Address:							
Phone	:						
Presid	ent:	_			-3:		
Contact Person:			Phone Number:				
E-Mai	l Addre	ess:					
Type o	of Busin	iess:					
List Non-Caltrans Professional References:							
Name:			Firm Name:	Phone:	Prime	Sub	Client/
							Owner
					Yes 🗌	Yes 🗌	Yes 🗌
					No 🗆	No 🗌	No 🗌
					Yes 🗌	Yes 🗌	Yes 🗌
					No 🗆	No 🗆	No 🗌
					Yes 🗌	Yes 🗌	Yes 🗌
				1	No 🗌	No 🗌	No 🗌
 Please list three specific goals that your firm would like to gain from participating in the program? 							
2. Please list three items that your firm brings to the relationship?							
3.	Is your firm currently SBE, DBE or DVBE certified? Yes No						
4.	Can your firm provide proof of current certification(s)?				Yes [No	
5.	If not, are you planning to be certified?				Yes [Yes	
6.	6. Has your firm worked with any of the following agencies?						
	a.	Caltrans	¥		Yes [No	
	b.	Federal A		:E	Yes [] No	닏
	c.		ncies (including CMAs	5)	Yes L	」 No	님
7.	d. How le		ernmental agencies)	Yes] No	Vre
8.							yrs
0.	Committee Membership? If yes, please submit a 1 page Statement of Qualification along with this form.] No	